

Winter Holiday Vacation Program Registration
(Due date is December 7, 2018)

Student's Full Name: _____

Parent/Guardian Contact Information:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone Numbers:

Home: _____

Home: _____

Office: _____

Office: _____

Cell: _____

Cell: _____

Program Dates: Please select which dates you would like your child to attend. Also, if you would like to order lunch and snack, please indicate that for each day. **(Parents are responsible for paying for lunch and snack @ \$6 per day)**

Friday, 12/21/18

Attend ___/Lunch ___

Thursday, 12/27/18

Attend ___/Lunch ___

Friday, 12/28/18

Attend ___/Lunch ___

Monday, 12/31/18

Attend ___/Lunch ___

Total _____ Day(s), and _____ Lunch(es)

Transportation information:

Please provide the name and contact information of who will be transporting your child. Drop-off time is between 8:45AM and 9:00AM. Pick-up time is 3:00PM.

Name/Agency: _____

Contact Person: _____ Contact Number: _____

(Continued on other side)

Payment is due at the time of registration

_____ Total days @ \$130 per day

_____ Total lunches and snacks @ \$6 per day (***payment due with registration***)

_____ Total enclosed (***full payment due with registration***)

Method of Payment: _____ Personal Check (Make checks payable to: (**Boston Higashi School**))

_____ Credit Card (Visa, MasterCard or American Express)

_____ Agency/School System

Credit card information:

Name as printed on card: _____

Card Type: _____ Card Number: _____

Expiration: _____

Signature of Cardholder: _____

Payment by Agency/School System:

Agency Name: _____

Contact Person: _____

Phone Number: _____

Complete Agency Address: _____

All payments are due at the time of registration. ***All registrations must be received no later than Friday, December 7, 2018.*** Please mail completed ***registration and payment*** to: *Boston Higashi School, Attn: Maryellen Paradise, 800 North Main St. Randolph, MA 02368.*